

## **Title 19 – DEPARTMENT OF HEALTH and SENIOR SERVICES**

### **Division 30 – Division of Regulation and Licensure**

#### **Chapter 61 – Licensing Rules for Family Child Care Homes**

##### **EMERGENCY AMENDMENT**

**19 CSR 30-61.135 Admission Policies and Procedures.** The department is adding a new section (2), renumbering thereafter, and amending sections (1) and (6).

*PURPOSE: This amendment requires family child care home providers to implement and maintain written policies pertaining to safe sleep for children less than one (1) year of age in accordance with the American Academy of Pediatrics (AAP) recommendations, and provides minimum requirements for the provider's safe sleep policy.*

*EMERGENCY STATEMENT: According to the Centers for Disease Control and Prevention, Sudden Infant Death Syndrome (SIDS) was the fourth leading cause of death for infants in 2013. Approximately one hundred (100) Missouri infants die as a result of SIDS each year. In 2014, an infant in a licensed child care facility died as a result of SIDS after a weighted blanket was placed over the child's legs when he was lying face down. As a result, the Missouri legislature promulgated Section 210.223.6, RSMo, as part of HCS for SCS for SB 341, 98<sup>th</sup> General Assembly, First Regular Session (2015) authorizes the Department of Health and Senior Services (DHSS) to promulgate emergency rules to implement safe sleep practices as recommended by the American Academy of Pediatrics (AAP) for licensed child care facilities. This bill requires child care providers to implement and maintain written policies pertaining to safe sleep for children less than one (1) year of age in accordance with the AAP recommendations. This emergency amendment would impact approximately 1,100 licensed family child care homes. However, child care providers already maintain written policies. The new policy required by the bill would be added into providers' existing policy handbooks and each provider, as long as the requirements match the AAP recommendations, would be able to create and implement its own policy which pertains to the provider's individual facility and its operation. The policy shall include specifics on safe sleep environments (such as removing any blankets, bumper pads, pacifier clips, etc.) and will require specific safe sleep practices (checking on sleeping infants, ensuring being able to hear children when they are in distress, placing infants on their backs to sleep, etc.). Infants are at high risk of Sudden Infant Death Syndrome (SIDS) if they are placed on their stomachs to sleep or if infants are placed in an unsafe sleep environment. To ensure caregivers are aware of the AAP's safe sleep recommendations, a safe sleep policy is necessary. As a result, this emergency amendment is necessary to protect the health of children in child care settings, and to implement safe sleep practices as recommended by the AAP in family child care homes in order to reduce the risk of SIDS. As a result, the DHSS finds an immediate danger to the public health, safety, and/or welfare and a compelling governmental interest, which requires this emergency action. This emergency amendment is necessary to protect the health of*

*children in child care settings, particularly related to reducing the risk of SIDS by ensuring a safe sleep environment for children less than one (1) year of age. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri and United States Constitutions**. The Department of Health and Senior Services believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 10, 2015, becomes effective November 20, 2015, and expires May 17, 2016.*

(1) The provider shall establish, **implement and maintain** written policies pertaining to the program goals, admission, **safe sleep practices for children less than one (1) year of age**, care and discharge of children, and shall provide a copy to the parent(s) at the time of enrollment.

(2) **The provider's infant safe sleep policy shall comply with section 210.223, RSMo, and shall include, but not be limited to:**

**A. The following safe sleep practices:**

- 1. The policy shall list the licensee's expectations regarding how and when caregivers are to be trained on safe sleep;**
- 2. A requirement that children less than one (1) year of age be placed on their backs to sleep;**
- 3. A requirement that the facility shall receive a written statement from the infant's licensed health care provider stating that the infant requires alternative sleep positions or special sleeping arrangements that differ from those set forth in 19 CSR 30-61.175(2)(C) prior to allowing the infant to be placed in a sleep position that is not on his or her back; and**
- 4. Supervision of infants during nap/sleep times, to include:**
  - a. Positioning of staff,**
  - b. Lighting in the nap room,**
  - c. Physical checks of the child to ensure he or she is not overheated or in distress, and**
  - d. Prohibitions against the use of any equipment such as a sound machine that may interfere with the caregiver's ability to see or hear a child who may be distressed.**

**B. The following requirements for safe sleep environments:**

- 1. The policy shall state that cribs and playpens must have a firm mattress and tight fitting sheets, be free of loose bedding, bumper pads, pillows, and soft toys;**
- 2. Shall require infants' heads be uncovered during nap/sleep times;**
- 3. Shall prohibit covering cribs or playpens with blankets or bedding;**
- 4. Shall prohibit smoking in the child care home during the hours children are in care; and**
- 5. Shall require giving the parent(s) or guardian(s) of each infant in care a copy of the provider's safe sleep policy upon the child's enrollment.**

(3) The provider shall have available a copy of the Licensing Rules for Family Day Care Homes in Missouri and shall advise the parent(s) at the time of enrollment of his/her child of the availability of the rules for review.

[(3)] (4) A child who has a special physical, developmental or behavioral need shall have on file an individualized plan for specialized care from a professionally qualified source.

[(4)] (5) The provider shall assess his/her ability to provide care for the special needs child while also meeting the needs of the other children.

[(5)] (6) The provider shall develop and implement a procedure for admitting children which shall include:

(A) A personal interview with the parent(s) and child to exchange information and arrive at a mutual decision about admitting a child;

(B) A plan for continuing communication between the child care provider and the parent(s);

(C) Discussion of the plan for providing for the care of the ill child as required by 19 CSR 40-61.185 Health Care;

(D) Discussion of the parental plan for providing for the care of the child when the provider is ill or for the care of school-age children on scheduled days of school closing; and

(E) Completion by the parent(s) of the following written information which shall be on file before the child is accepted for care:

1. All information required by 19 CSR 40-61.210 Records and Reports;

2. Information regarding a child's personal development, behavior patterns, habits and individual needs;

3. Instructions for action to be taken if the parent(s) or physician designated by the parent(s) cannot be reached in an emergency and permission for emergency medical care;

4. Information indicating that the child has completed age-appropriate immunizations, is in the process of completing immunizations or is exempt from immunization requirements as defined by 19 CSR 40-61.185 Health Care;

5. Permission for field trips, transportation to and from school and other transportation;

6. Permission for school-age children to leave the home to participate in classes, clubs or other activities, naming the activity, time of leaving and returning and the method of transportation to and from the activity (Permission for regular activities such as scouting may be given for the entire school term.); and

7. Acknowledgement by the parent(s) that

A. They have received a copy of the provider's policies pertaining to the admission, care and discharge of children;

B. They have been informed that the Licensing Rules for Family Day Care Homes in Missouri are available in the home for their review;

C. They and the provider have agreed on a plan for continuing communication regarding the child's development, behavior and individual needs; and

D. They understand and agree that the child may not be accepted for care when ill.

**E. They have received a copy of the provider's safe sleep policy when enrolling children less than one (1) year of age.**

[(6)] **(7)** If care is provided for children related to the provider who do not live in the home, the parent(s) shall complete and sign a form which is supplied by the department. The form shall be on file at the home before related children are accepted for care and shall contain the following identifying information:

- (A) Each child's name, address, birth date and date of admission;
- (B) Each child's relationship to the provider; and
- (C) The parent's(s)' name(s), address(es) and telephone number(s).

[(7)] **(8)** If a provider enrolls children for irregular or intermittent care, all procedures for admitting children shall be followed. Children enrolled on an irregular or intermittent basis shall be accepted only by appointment and shall not cause the home to exceed its licensed capacity.

[(8)] **(9)** After attempts have been made to meet a child's individual needs, any child who demonstrates an inability to benefit from the care offered by the child care provider or whose presence is detrimental to other children may be discharged from the home.

[(9)] **(10)** Care of a child may be discontinued if the provider and the parent(s) cannot establish a mutually satisfactory working relationship.

[(10)] **(11)** Parents shall have access to the home at any time during child care hours.

*AUTHORITY: section 210.221[.1(3)], RSMo [Supp. 1993] 2000, and section 210.223, RSMo (HCS for SCS for SB 341, 98<sup>th</sup> General Assembly, First Regular Session (2015)).\* This rule previously filed as 13 CSR 40-61.120, 13 CSR 40-61.135 and 19 CSR 40-61.135. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.135, effective Dec. 9, 1993. Emergency amendment filed Aug. 18, 1993, effective Aug. 28, 1993, expired Dec. 25, 1993. Emergency amendment filed Jan. 4, 1994, effective Jan. 14, 1994, expired May 13, 1994. Amended: Filed Aug. 18, 1993, effective April 9, 1994. Changed to 19 CSR 30-61.135 July 30, 1998. Emergency amendment filed November 10, 2015, effective November 20, 2015, expires May 17, 2016. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

*\*Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993.*